

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/233,189</b>	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5		2					55			
6		2					56			
7		2					57			
8		2					58			
9		2					59			
10		2					60			
11		2					61			
12		2					62			
13		2					63			
14		2					64			
15		2					65			
16		2					66			
17		2					67			
18		2					68			
19		2					69			
20		2					70			
21		2					71			
22		2					72			
23		2					73			
24		2					74			
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26		2					76			
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29		2					79			
30		2					80			
31		2					81			
32		2					82			
33		2					83			
34		2					84			
35		2					85			
36		2					86			
37		2					87			
38		2					88			
39		2					89			
40		2					90			
41		2					91			
42		2					92			
43		2					93			
44		2					94			
45		2					95			
46		2					96			
47		2					97			
48		2					98			
49		2					99			
50		2					100			
TOTAL IND.	13						TOTAL IND.			
TOTAL DEP.	11						TOTAL DEP.			
TOTAL CLAIMS	24						TOTAL CLAIMS			